

## 2020 Schedule of Benefits

	Medicare Advantage	
	Network	Non-Network
Benefit Period Deductible (Single/Family)	\$0	\$0
Out of Pocket Maximum (Single/Family)	\$1,000	\$1,000
Physicians Office Visit	\$0 copay	15% coinsurance
Specialist Office Visit	\$0 copay	15% coinsurance
Allied Health Professionals		
Chiropractor		
Physician's Assistant		
Rehabilitative Care		
Preventive/Wellness	100%	15% coinsurance
Employee Assistance Counseling		
Urgent Care Center	\$0 copay	15% coinsurance
Vision Care Exam (1 per 24 Months)	\$0 copay	Not Available
Refractive Errors of Eye		
Emergency Room	\$50 copay	\$50 copay
Ambulance Services	\$0 copay per trip	15% coinsurance
Air Ambulance Services		
Ambulatory Surgical Facility		
Physicians Outpatient Surgical Services	\$0 copay	15% coinsurance
Inpatient Hospital Admission	\$50 copay days 1-10, \$0 copay days 11-90	15% coinsurance
Pregnancy Care		
Durable Medical Equipment	\$0 copay	15% coinsurance
Home Health Care	\$0 copay	15% coinsurance
Hospice (limit 185 days)		
Skilled Nursing Facility (limit 100 days)	\$0 copay days 1-20, \$50 copay days 21-100	15% coinsurance
Speech Therapy	\$0 copay	15% coinsurance
Organ, Tissue, and Bone Marrow Trans.		
Mental Disorders/Alcohol/Drug Abuse		
<i>Outpatient Mental Health and Substance Abuse Benefits</i>	\$0 copay	15% coinsurance
<i>Inpatient Mental Health and Substance Drug Abuse Benefits</i>	\$50 copay days 1-10, \$0 copay days 11-90	15% coinsurance
<i>Inpatient Hospital Copayments and/or Inpatient Coinsurance amounts for Mental Health and Substance Abuse</i>		
Prescription Drug (Generic & Brand)	See attached Prescription Plan for HMO,	

Additional Medicare Advantage Schedule of Benefits		
	Network	Non-Network
Partial Hospitalization	\$0 copay	15% coinsurance
Blood	\$0 copay	15% coinsurance
Podiatry	\$0 copay	15% coinsurance
Diagnostic Lab Tests	\$0 copay	15% coinsurance
Radiology (diagnostic)	\$0 copay	15% coinsurance
Radiology (therapeutic)	\$0 copay	15% coinsurance
X-Rays	\$0 copay	15% coinsurance
Cardiac Rehab/CORF	\$0 copay	15% coinsurance
Dialysis Treatment/ERSD	\$0 copay	15% coinsurance
Part B Covered Drugs	\$0 copay	15% coinsurance
Chemotherapy Drugs	\$0 copay	15% coinsurance
Eyewear	\$130 allowance	Not Available
Hearing Exam	\$0 copay	Not Available
Hearing Aids	\$500 allowance every year, total for both ears	Not Available
Dental Care	\$0 copay for preventives services	Not Available
Fitness	\$0 copay	Not Available
Diabetes Monitoring	\$0 copay for diabetes self-monitoring training and 0% coinsurance on covered diabetic supplies	15% coinsurance
Diabetes Shoes/Inserts	\$0 copay	15% coinsurance

**\*\*This is not intended to be comprehensive. The terms and conditions of the contract will prevail.\*\***